



# Buche & Associates, P.C.

Business, Civil Litigation & Intellectual Property Law

7777 Fay Avenue, Suite 205  
La Jolla, California 92037  
Telephone (858) 812-2840  
Facsimile (858) 430-2426

2990 Richmond Ave, Suite 400  
Houston, Texas 77098  
Telephone (713) 589-2214  
Facsimile (713) 583-9644

## Certificate of Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service, under 37 CFR 1.10 on the date indicated below addressed to:

Commissioner for Patents  
PO BOX 1450  
Alexandria, VA 22313-1450

on 9-14-2007  
**Date**

EB 684513785 US  
**Express Mail Label No.**

**No. of Pages including  
this cover sheet: 24**

  
**Signature**

Scott Compton  
**Typed or Printed Name**

### Attached are the following pages:

Transmittal Form (1 page)  
Transmittal for Revocation of Power of Attorney (1 page)  
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence (2 pages)  
Petition for Extension of Time under 37 CFR 1.136(a) (1 page)  
Credit Card Payment Form (1 page)  
Response to First Office Action (18 pages)  
Return Receipt Postcard

<b>Applicant:</b>	<u>York et al</u>	<b>Group Art Unit:</b>	<u>3626</u>
<b>Serial No.:</b>	<u>10/618,236</u>	<b>Examiner:</b>	<u>Rangrej, Sheetal</u>
<b>Filing Date:</b>	<u>07/11/2003</u>	<b>Atty. Docket No.:</b>	<u>CREDITCARE - 001</u>
<b>Title:</b>	<u>Method and System for Obtaining Payment for Healthcare Services Using a Healthcare Note Servicer</u>		



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

24

Application Number

10/618,236

Filing Date

07/11/2003

First Named Inventor

York

Art Unit

3626

Examiner Name

Rangrej, Sheetal

Attorney Docket Number

CREDITCARE - 001

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Response to First Office Action
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Credit Card Payment Form
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Certificate of Mailing
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Return Postcard
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Transmittal for Revocation of Power of Attorney
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	BUCHE & ASSOCIATES, P.C.		
Signature			
Printed name	JOHN KARL BUCHE		
Date	SEPTEMBER 14, 2007	Reg. No.	46,584

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.